NEWS from the North Dakota Department of Human Services 600 E. Boulevard Ave., Bismarck N.D. 58505

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Public comments sought on Medicaid waiver and state plan amendments for autism spectrum disorder preventive services

BISMARCK, N.D. – The North Dakota Department of Human Services is accepting public comments on amendments to the Autism Spectrum Disorders Medicaid Waiver and the Medicaid State Plan.

The Medicaid State Plan change adds coverage for autism spectrum disorder services to the services covered under North Dakota's Medicaid program. This change will benefit individuals from infancy up to age 21 diagnosed with autism spectrum disorders who qualify for the North Dakota Medicaid program.

The Autism Spectrum Disorders Medicaid Waiver provides services to eligible children and supports parents in their efforts to maximize their child's development, while also preventing out-of-home placements.

The waiver is being amended to add 12 slots and to increase the qualifying age of the children who can be served from age seven to nine years of age. This will increase the total number of children who can be served from 47 to 59.

The waiver is also being amended to transition some autism-specific services, including skills training and program design and monitoring services, from the waiver to the Medicaid State Plan. Children receiving these services under the waiver will have their coverage for services transition to Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. The federal Centers for Medicare and Medicaid Services (CMS) is requiring states to transition the services from waivers to their Medicaid State Plan.

The waiver will continue to provide resources to help implement individualized service plans for children, and to provide respite care support for families and assistive technology addressing the unique needs of participating children.

The department is also amending the waiver to remove the reference to inflationary increases. This change is due to the 4.05 percent budget allotment affecting the department and other state agencies that receive state funding.

People can view the draft waiver amendment and state plan amendment at www.nd.gov/dhs/info/pubs/medical.html and www.nd.gov/dhs/autism. Copies of the draft amendments will also be provided upon request.

The department will accept comments on the proposed Medicaid autism waiver amendment and Medicaid State Plan amendment for autism spectrum disorder preventive services through May 6, 2016, at 5 p.m., Central Time.

Public comment sought on changes to Medicaid autism services - page 2

Individuals can submit comments by emailing dhsautism@nd.gov, or calling 800-755-2604 or 701-328-8912, or Relay ND TTY 800-366-6888 or 711, or by fax at 701-328-4875.

Comments can also be mailed to the North Dakota Department of Human Services' Medical Services Division, Attn: Autism Services, 600 E. Boulevard Ave., Dept. 325, Bismarck, N.D., 58505-0250.

After the public comment period, the waiver and Medicaid State Plan amendment will be submitted to CMS. Based on the CMS timeframes for review and approval, the waiver and amendment are expected to be effective in August 2016.

A Medicaid waiver is a program authorized by federal law that funds in-home and community-based services for individuals who qualify and meet level of care requirements and other criteria described in the waiver.

North Dakota's autism waiver serves children diagnosed with autism spectrum disorders who are not receiving services under other Medicaid waivers. North Dakota's waiver was first approved in November 2010.

Children qualify based on diagnosis and the child's income, and families apply by completing an application that is available online at www.nd.gov/eforms/Doc/sfn60618.pdf or by contacting the Department of Human Services at 701-328-8912, toll-free 800-755-2604, or by email at dhsautism@nd.gov.

The Medicaid State Plan is an agreement between the state and the federal government that outlines how North Dakota administers its Medicaid program. It describes the eligibility criteria for individuals to be covered by Medicaid, services to be provided, provider reimbursement requirements, and other administrative details.

When a state makes a change to its Medicaid program, a state sends a state plan amendment to CMS for review and approval.